



CITY OF MOUNTAIN VIEW

Fire Department • Fire and Environmental Protection Division
500 Castro Street • City Hall • 4th Floor • Mountain View, California 94041-2010
650-903-6378 • FAX 650-903-6101

HAZARDOUS MATERIALS FACILITY CLOSURE APPLICATION

Please complete and return the following closure application. Enter "N/A" for any items that do not apply to your situation. After all hazardous materials are removed, call us at the above number to schedule a final walk-through inspection.

Facility ID: _____

Business Name: _____ Facility Address: _____

Proposed Date of Closure: _____

1. Disposition of all hazardous materials (excluding waste):

☐ Returned to supplier/manufacturer. (List chemicals and suppliers on back.)

☐ Moved to new location. (List chemicals on back.)

New facility address: _____

2. Company removing all hazardous wastes:

Name: _____ Address: _____ EPA ID#: _____

TS & D Facility: _____ EPA ID#: _____

Are all hazardous waste manifests or bills of lading showing proof of transport attached? _____

3. If this building is equipped with fire protection equipment (sprinklers, fire alarm system, etc.), this equipment must continue to be maintained and tested periodically per the Uniform Fire Code. Enter the name of the person/corporation responsible for maintaining this equipment for the building:

Responsible Party Name: _____

Mailing Address: _____ Phone: _____

Indicate below the fire protection equipment located in this building and the last date it was tested:

<u>Fire Protection Equipment</u>	<u>Date of Last Test</u>
<input type="checkbox"/> Fire alarm system	_____
<input type="checkbox"/> Sprinkler system	_____
<input type="checkbox"/> Standpipe system	_____
<input type="checkbox"/> Fire pump	_____
<input type="checkbox"/> Private fire hydrants	_____
<input type="checkbox"/> Engineered extinguishing systems (spray booth, kitchen hood and duct, computer rooms, chemical storage sheds, etc.)	_____

4. If removing any underground structures (storage tanks, sumps, oil/water separators, etc.), have you submitted a separate "Underground Tank Removal" application? _____

I hereby certify that the above information is correct and all hazardous or other regulated materials have been properly removed from the premises:

Name (Signature) _____ Date _____

Name (Printed) _____ Title _____

I have been made aware that the above-named company has vacated the premises:

Property Owner Signature _____ Date _____

For Office Use Only

Wastewater Discharge:

Does this facility have a wastewater discharge permit? _____ If so, did they submit a letter requesting closure of this wastewater discharge permit? _____

Is this facility regulated under Tiered Permitting? _____ If so, did they submit a letter requesting closure of their tiered permitting permit? _____

Review site discharge history. Were there any discharges that may have compromised the sewer lines (solvents, high/low pH discharges, other discharge violations, etc.)? _____

Based on this review, specify sewer line closure requirements:

- ☐ None needed
☐ Pressure test or scope sewer lines
☐ Close/plug drain lines: _____
☐ Other: _____

Inspector Signature: _____ Date: _____

Hazardous Materials:

Date of Final Inspection: _____

Final Inspection Results: _____

Soil samples required? _____

If so, specify location(s) and analysis requested: _____

Groundwater samples required? _____

If so, specify location(s) and analysis requested: _____

Date on which Closure Plan completed: _____ Inspector Signature: _____